

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036555
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9100

FILED SEP 28 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Louis

Length of stay in lb
3 days

c. FULL NAME OF (If NOT a hospital, give name of institution)
HOSPITAL OR
INSTITUTION

915 N. Grand Ave.
Veterans Adm. Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY **Montgomery**

c. CITY
OR
TOWN

Montgomery City

Inside Limits
Yes ☐ No ☒

d. STREET
ADDRESS

Route 2

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First
Leo

Middle
F.

Last
O'Keefe

4. DATE
OF
DEATH

Month
September 19, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/18/89

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

John O'Keefe

13b. MOTHER'S MAIDEN NAME

Mary Richardson

14. NAME OF HUSBAND OR WIFE

Dorothy O'Keefe

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Dorothy O'Keefe, Montgomery City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Purulent Tracheo-Bronchitis; Fracture of Cervical Spine C 6-7: suffered in fall down stairs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO

in his home in Montgomery City, Mo., on Sept 16, 1962.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

accident

PART III. If deceased was female was last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY

Hour a.m. p.m. 9-16-62

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Montgomery City, Mo.

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at

5:45 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

9-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9-20-62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Montgomery City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Schlanker Funeral Home,

25. DATE RECD. BY LOCAL REG.

SEP 20 1962

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1

3

4

5

6

7

8

9

10

11

12

13

83

20700/26

0

1

0

1

0

1

0

1

0

1

0

1

0

1

0

1

0

1

0

1

0

1

0

1

SEP 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harvey Kahle

Licensed Embalmer No.

4596

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.